

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number	09/698,051
Filing Date	October 25, 2000
First Named Inventor	Kenneth R. Owens, et al.
Art Unit	2661
Examiner Name	Bob A. Phunkuh
Attorney Docket Number	4910.00011

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Tellabs Operations, Inc.		
Signature			
Printed name	Cheryl M. Fernandez		
Date	May 4, 2005	Reg. No.	52,611

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Cheryl M. Fernandez	Date	May 4, 2005

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on May 4, 2005
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Examiner: Bob A. Phunkulh Group No. 2661

Total Number of Pages: 16

Chery M. Fernandez
Chery M. Fernandez

Signature

TELLABS OPERATIONS, INC., 1415 WEST DIEHL ROAD, MS 16, NAPERVILLE, IL 60563

Typed or printed name of person signing Certificate

52,611

Telephone: 630-798-3019

Facsimile: 630-798-3231

Registration Number, if applicable

Telephone Number

Re: Serial No. 09/696,051 Attorney Docket No. 4910.00011

Filed: October 25, 2000 In Application of: Owens, et al.

Title: PROTECTION/RESTORATION OF MPLS NETWORKS

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

1. Request for Continued Examination (RCE) Transmittal Sheet
2. Amendment (11 pages)
3. Transmittal Form
4. Fee Transmittal for FY 2005 - in duplicate
5. Certificate of Transmission under 37 CFR 1.8

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	790.00
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Complete if Known

Application Number	09/696,051
Filing Date	October 25, 2000
First Named Inventor	Owens, et al.
Examiner Name	Bob A. Phunkulh
Art Unit	2661
Attorney Docket No.	4910.000011

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 500654 Deposit Account Name: Tellabs Operations, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

Fee (\$)

50 25

200 100

360 180

Multiple Dependent Claims

Total Claims Extra Claims Fee (\$)

Fee (\$)